



CESP Exam Application

November 17, 2014
9:00am-12:00pm

Alabama Industrial Development Training (AIDT) Center
1 Technology Court
Montgomery, AL 36116

Please print clearly and neatly. Fill out all sections of the application. Incomplete or illegible applications will not be processed. Confirmations and other important exam information will be sent to you via email. Please ensure your email address is correct. All applications must be received before: **November 7, 2014**

Mail the application and registration fees to:

**CESP Exam application
APSE Office
416 Hungerford Drive, Suite 418
Rockville, MD 20850**

SECTION 1. Candidate Information (please print clearly)

Last Name	First Name	Middle Initial/Name
Street Address/PO Box		
City	State	Zip
Home Phone Number (including area code)	Email Address (required)	
Credentials	Employer/Company	
Job Title	Work Phone Number	
Address		
City	State	Zip

The name and address listed above must match the name and address on your government-issued photo identification required for entrance to the exam.

I am: ☐ a new applicant (not currently certified) ☐ applying to retest, date of last exam: _____

- ☐ I am including a Request for Accommodations. Candidates requesting special accommodations must submit the Request for Accommodations form at least 2 weeks prior to the examination date.

SECTION 2. Eligibility

Education (please list highest level of education completed below):		
School:	Degree:	Date Completed:
School:	Degree:	Date Completed:
Experience:		
Length of paid ESP work experience (see definition below):	Years:	Months:
Length of internship(s):	Internship #1:	Internship #2:
Training:		
Course Name:	Date Completed:	Total Hours:
Course Name:	Date Completed:	Total Hours:
Code of Conduct:		
I hereby attest that I have read and understand the ESPCC Code of Conduct and agree to abide by the Code of Conduct.		
Signature:	Date:	

Applicants for certification must meet all of the following requirements before they take the exam:

1. Education Requirement: High school diploma, GED or equivalent;
2. Experience Requirement: Each applicant must meet one of the following requirements: 1 year of employment support professional (ESP) work experience, which may include up to a maximum of 3 months of internship or practicum time; or 9 months of ESP work experience with training component; and
3. Code of Conduct: Each applicant must agree to and sign the Code of Conduct included in the application

Work Experience: At least 20 hours per week of paid ESP related work. Work completed as part of an internship, practicum, or other on-the-job training may be counted up to the limits noted above. Work experience includes employment as a direct employment services professional, provision of direct employment services as an agency/company employee, and/or managerial or supervisory work in employment services. Experience in school-to-work transition environments providing employment services also qualifies as acceptable work experience.

Training: An internship or practicum of at least 2 months in length and/or successful completion of an intensive training course that includes at least 32 hours of ESP related course work. The content for acceptable training courses must be directly related to the CESP

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Phone: 301.279.0060 | Fax: 301.279.0075

www.apse.org

content outline. Acceptable training content is related to supported and customized employment as well as training relevant to providing employment and community based supports to people with disabilities. Examples of acceptable training content includes: specialized training to work with specific disability groups (i.e. autism or mental illness), training on small businesses development, American with Disabilities Act (ADA) training, benefits counseling, and strategies for job development. Training related to segregated employment services or services that are not widely considered to be best practices will not be accepted.

SECTION 3: Attestation

I have read and understand the CESP Certification Handbook (available on the APSE Web site) and I agree to abide by the policies of the ESPCC, including confidentiality and disciplinary rules. I understand that the information I provide to ESPCC may be audited to verify my eligibility. I authorize ESPCC to make any necessary inquiries to verify my eligibility.

I understand that submission of false or misleading information at any time may be cause for withdrawal or revocation of this application and/or certification without refund of any fees.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge.

Signature	Date
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Request for Accommodations Form

ESPCC will provide reasonable accommodations for test candidates with disabilities that are covered under the Americans with Disabilities Act (ADA). Candidates requesting accommodations must submit the Request for Accommodations Form at least 2 weeks prior to the exam date. ESPCC reserves the right to review any request for accommodations and have requests considered by its own experts to ensure an appropriate level of accommodations and protect the integrity of the examination and certification.

Last Name	First Name	Middle Initial/Name
Street Address/PO Box		
City	State	Zip
Home Phone Number (including area code)	Email Address (required)	

Special Testing Accommodations

I request special accommodations as follows (check all that apply):

- ☐ Special seating or other physical accommodation
- ☐ Extended testing time
- ☐ Separate testing room
- ☐ Oral testing
- ☐ Other (please describe): _____

Signature	Date
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Professional Documentation for Testing Accommodations

Professional evaluation must have been made no earlier than 3 years prior to application

I have evaluated _____ on ____ / ____ / ____ in my capacity as a
candidate name date

_____. I have been informed of the nature of the examination to
professional title

be administered. It is my opinion that because of this candidate's disability, as described below, he/she should receive the special testing accommodations requested above.

Description of disability (please attach any supporting documentation):

If extra testing time is recommended, please specify the amount of time requested (e.g. 1 extra hour): ____

Request for Accommodations Form (cont.)

Professional's Name		Credentials
Address		
City	State	Zip
Professional License Number & State of Issue	Email Address (required)	
Signature	Date	

Mail the application, request for accommodations, and registration fees to:

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CESP Examination

Payment Form

Registration fee (Please include payment payable to APSE):

☐ \$159.00

Credit Card:

☐

Please Check One:

_____ Visa 

_____ American Express 

_____ Discover Card 

_____ MasterCard 

Last Name	First Name	Middle Initial/Name	
Card #	Exp.	CV#	
Company Name (if applicable)			
Billing Address/PO Box			
City		State	Zip
Signature	Date		Amount Authorized

Check Enclosed:

☐

Check #	Amount Enclosed
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